

EXECUTIVE SUMMARY

A Plan of Action for Improving the Oral Health Status of Michigan Residents



July 2005

***"I can see clearly now the rain is gone.
I can see all obstacles in my way."***

~ from the song *I Can See Clearly Now* by Johnny Nash

***The mission of the
Michigan Oral Health
Coalition is to improve
oral health in Michigan by
focusing on prevention,
health promotion,
surveillance, access and
the link between oral
health and total health.***

This simple phrase summarizes the status of oral health in Michigan. While we know there are obstacles, we can see them and, as a result, plan for how to overcome them. The recent creation and continuous expansion of the **Michigan Oral Health Coalition** has brought with it momentum to move oral health to the forefront of policy discussions. The connection between oral health and systemic health is beginning to be recognized by not only policymakers but also the public at large. The coalition, as well as multiple trade associations and advocates, has identified that oral health is integral to primary health care and has been actively communicating this statewide. As a statewide community, we now know where we are going and are preparing for how to get there.

The Michigan Department of Community Health (MDCH) recognized the need for Michigan to develop a coordinated effort around improving the oral health status of residents and submitted a proposal to the Centers for Disease Control and Prevention (CDC) to build up the oral health infrastructure in Michigan and develop a state oral health plan. Michigan is now in the second year of this infrastructure project. *A Plan of Action for Improving the Oral Health Status of Michigan Residents* reflects the work of the Michigan Oral Health Coalition formed December 11, 2003. Nearly 170 members are involved in Data, Prevention, Education and Awareness, Funding, and Workforce workgroups. The plan of action has been developed to guide the direction of oral health in the State of Michigan over the next five years.



● Oral Health & Systemic Health ●

National Institute of Health funded studies estimate that as many as 18% of the 250,000 **premature babies** born weighing less than 5.5 pounds in the United States each year are due to periodontal infection (NIDCR, 2004). Pregnant women with periodontal disease may be seven times more likely to have a baby who is born too early or too small (AAP, 2004).

Recent studies point to an increased risk of **heart disease and stroke** in people with periodontal disease. The risk increases with the severity of infection. Heart disease is the leading cause of death in Michigan (MDCH, 2003).

Numerous studies have shown the impact periodontal disease can have on **diabetes**. People with diabetes are twice as likely to have periodontal disease (ADHA, 2003). Periodontal disease makes it more difficult to control blood sugar levels, and badly managed blood sugar levels can make periodontal problems worse. The Michigan Behavioral Risk Factor Surveillance System (BRFSS) found that 41.8% of individuals with diabetes had lost six or more teeth in 2002 compared to 15.2% for those without diabetes (MDCH BRFSS, 2003).

Many systemic diseases have oral manifestations and can inform clinicians of the need for further evaluation. The oral cavity can also be adversely affected by many pharmaceuticals and other therapies commonly used in treating systemic conditions. Finally, individuals such as immunocompromised and hospitalized patients are at greater risk for morbidity due to oral infections.



● Oral Health Status of Michigan Residents ●

Oral Health Infrastructure

Oral health services for adults on Medicaid, beyond emergency care, were eliminated as of October 2003. With the elimination of the benefit more than 600,000 adults in Michigan lost access to oral health care.

Description of Priority Populations, Burden of Disease & Caries

Dental caries (tooth decay) have been considered the single most common chronic **childhood disease**. According to the Michigan Oral Data (MOD) System findings, approximately one in six underserved children had evidence of early childhood caries. The rate of caries experience in permanent teeth is dramatically higher among underserved adolescents at 82%, with 54.6% having untreated decay (MDCH, 2004). Two-thirds of **underserved adults** in Michigan aged 20-64 had untreated permanent tooth decay and 55.6% had lost at least one tooth due to caries experience or periodontal disease (MDCH, 2004). In comparison, the CDC estimates that nationally approximately one-third of poor adults 18 and over have untreated decay in a permanent tooth (CDC, 2004).

Disparities

The 2002 Michigan BRFSS demonstrated that 47.6% of individuals with household incomes below \$20,000 had not visited a dentist in the previous year. In contrast, only 15.9% of individuals with household incomes between \$50,000 and \$74,999 had not visited the dentist within the previous year.

Racial disparities are also evident in oral health status. According to the 2002 Michigan BRFSS, 35.1% of individuals who had identified themselves in the survey as black had not visited a dentist in the previous year, compared to 21.4% for individuals who had identified themselves as white. Michigan also experiences higher rates of oral cancer incidence and mortality among African-Americans.

● Access to Care ●

The **2003 Michigan Child Dental Coverage Validation Survey** reported that for children three years of age and older, 83.8% of them had seen a dentist within the past 12 months. The survey demonstrated that those without dental insurance are twice as likely to have never visited a dentist as were those with insurance. Of the children without dental insurance, 11.2% had never visited the dentist compared to 5.2% for those with dental insurance (Eklund, 2003).

Michigan also has a dental demonstration project in 37 of Michigan's 83 counties called **Healthy Kids Dental**. It has proven to be effective in increasing the number of children who receive dental care in the rural counties where it has been implemented by increasing the number of providers willing to care for the patients.

Thirty percent of Michigan's children were enrolled in **Medicaid** in 2002. Only 23% of Medicaid enrolled children aged 0-19 received a dental visit during that same time period. Of all Michigan children, including those on Medicaid, 51% had a dental visit during that same year.

Water Fluoridation

As noted in *Oral Health in America: A Report of the Surgeon General*, community water fluoridation continues to be the most cost-effective, equitable, and safe means to provide protection from tooth decay in a community. In Michigan, 73% of the state's population is served by a community water system. Of the individuals served by community water, 89.4% are being provided with adequately fluoridated water. This equates to 65.3% of Michigan residents who are being served by a community water supply with adequately fluoridated water (MDEQ 2003).

Dental Providers

According to 2004 MDCH dental licensing information, Michigan has 6,366 licensed dentists for an overall population to dentist ratio of 1,561 to 1 (MDCH Licensing, 2004). There is a shortage of providers willing to serve low-income populations. According to the Michigan Department of Community Health, 8% of Michigan counties (7 out of 83 counties) have no enrolled Medicaid dentists (MDCH CDC, 2004). According to the same report, only 43% (36 out of 83) of the counties have only one enrolled Medicaid dentist with paid claims above \$10,000 per year.

● Summary of Recommendations ●

Data Workgroup

- Develop a statewide oral health surveillance system to provide a routine source of actionable data.
- Increase the sustainability of the statewide oral health surveillance system.
- Provide assistance in the collection and analysis of oral health data related to major policy changes and prevention and intervention initiatives.

Prevention, Education & Awareness Workgroup

- Increase access to evidence-based prevention practices that maintain optimal health.
- Develop a statewide education program aimed at increasing knowledge about the relationship between oral health and systemic health.
- Assure the availability of comprehensive, culturally competent, oral health education resources for all ages as well as those designed to enhance patient involvement through self management.
- Increase the education of non-dental health care providers on the importance of oral health.
- Encourage health care providers to discuss with patients the oral effects of tobacco use (cigarettes, cigars, pipes, and spit tobacco).

Funding Workgroup

- Create a Medicaid adult oral health benefit that ensures access to and is consistent with high quality of care standards.
- Support efforts to roll out Healthy Kids Dental as the preferred model for optimal oral health care in children with the gradual expansion to additional counties based on those counties with greatest need and funding availability.
- Develop a system of care that ensures access to oral health services for low-income uninsured populations.
- Support efforts of the other coalition work groups to assess resources needed to implement their initiatives.
- Ensure the successful implementation of the oral health plan through the acquisition of needed resources.

Workforce Workgroup

- Increase access to oral health services in medically underserved communities and for medically underserved populations by allowing the provision of high-quality dental care through qualified health care providers.
- Develop and support incentive programs to attract oral health professionals to underserved areas and to serve medically underserved populations.
- Create and maintain a process for assessing and responding to the supply of and demand for oral health professionals.
- Develop a dental director leadership position in state government or at the Michigan Department of Community Health to serve as the focal point of oral health activity for the state.
- Facilitate provider education and medical care facility access to improve oral health care for persons with special needs.

For more information on *The Plan of Action for Improving the Oral Health Status of Michigan Residents* or the Michigan Oral Health Coalition, visit www.mpca.net/oralhealthcoalition/oralhealthcoalition.htm, or contact:

Sheila Semler, PhD, RDH, CDA
Oral Health Coordinator
Michigan Department of Community Health
517/335-8388
SemlerS@michigan.gov

Daniel M. Briskie, DDS
Chair-elect, Michigan Oral Health Coalition
Department Head, Pediatric Dentistry
Mott Children's Health Center
DanB@mottchc.org

*The mission of the Michigan Oral Health Coalition
is to improve oral health in Michigan by focusing
on prevention, health promotion, surveillance,
access and the link between oral health and total health.*



2525 Jolly Road, Suite 280
Okemos, MI 48864
Return Service Requested

